

MANCHESTER CENTRAL HIGH SCHOOL
ALUMNI TRANSCRIPT REQUEST FORM

DATE OF REQUEST: _____ TRANSCRIPT DUE DATE: _____

*****REQUEST MUST BE SUBMITTED 7 SCHOOL DAYS IN ADVANCE OF DESIRED MAILING DATE*****

STUDENT NAME: _____
(LAST) (FIRST) (MI) (MAIDEN)

DATE OF BIRTH: _____ YEAR OF GRADUATION: _____ PHONE: _____

DESTINATION OF TRANSCRIPT: _____

NAME & ADDRESS : _____

COST: A \$2.00 FEE IS REQUIRED WITH ALL TRANSCRIPTS.

CIRCLE ONE:

UNOFFICIAL – TO SELF

OFFICIAL – TO ANOTHER ORGANIZATION

CHECK HERE _____ **DO NOT** SEND ANY STANDARDIZED TESTING SCORES
THAT APPEAR ON THE TRANSCRIPT. (EG. SAT, PSAT, AP NEAIAP OR OTHER)

*IF THIS BOX IS NOT CHECKED ALL TEST SCORES WILL BE SENT. SELECT SCORES MAY NOT BE SENT.

SIGNATURE OF PERSON REQUESTING TRANSCRIPT: _____

*****FOR OFFICE USE ONLY*****

DATE TRANSCRIPT PROCESSED: _____ BY: _____
